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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/736,435

12/15/2003

Janet L. Schorr

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3420

45979 7590 07/30/2010  
PERKINS COIE LLP/MSFT  
P. O. BOX 1247  
SEATTLE, WA 98111-1247

EXAMINER

AMINI, JAVID A

ART UNIT

PAPER NUMBER

2628

NOTIFICATION DATE

DELIVERY MODE

07/30/2010

ELECTRONIC

**Please find below and/or attached an Office communication concerning this application or proceeding.**

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**Board of Patent Appeals and Interferences**

PERKINS COIE LLP/MSFT P. O. BOX 1247 SEATTLE, WA 98111-1247	Appeal No: 2009-014734 Appellant: Janet L. Schorr, Brent Gilbert, Mark Fredrick Iver Application No: sonet al. Hearing Room: 10/736,435 Hearing Docket: A Hearing Date: B Hearing Time: Tuesday, September 21, 2010 Location: 09:00 AM Madison Building - East Wing 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450
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**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

 \_\_\_\_\_  
 Signature of Attorney/Agent/Appellant

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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